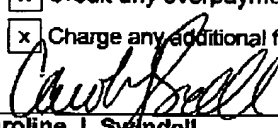


NOV 15 2006

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 36956-168147 | |
|--|---|---|------------------------------------|--|--------------------------------|
| Application No. 09/714,997-Conf. #8701 | | Filing Date November 20, 2000 | | Examiner G. C. Neurauter | |
| | | | | Art Unit 2143 | |
| Applicant(s): Robert C. Ross, Jr. | | | | | |
| Invention: SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR PROVIDING A MULTI-USER E-MAIL SYSTEM | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | | - 20 = | | x | |
| Independent Claims | | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within second month; Notice of appeal | | | | | 225.00 250.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 475.00 |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>22-0261</u> in the amount of \$ <u>475.00</u> A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>22-0261</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Caroline J. Syndell Attorney Reg. No.: 56,784 | | | | Dated: <u>November 15, 2006</u> | |
| VENABLE LLP P.O. Box 34385 Washington, DC 20043-9998 (703) 760-1676 | | | | | |

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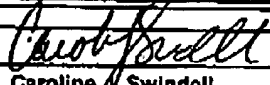
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| | | | |
|---|--|--|-------------------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number 09/714,997-Conf. #8701 | Filing Date November 20, 2000 |
| TOTAL AMOUNT OF PAYMENT (\$) 475.00 | | First Named Inventor Robert C. Ross, Jr. | Examiner Name G. C. Neurauter |
| | | Art Unit 2143 | Attorney Docket No. 36956-168147 |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments |

| FEE CALCULATION | | | | | | | |
|---|-------------|-----------------------|-------------|--|------------------|--|----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity Fee (\$) Fee (\$) | |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | Multiple Dependent Claims Fee (\$) Fee Paid (\$) | | | |
| - 20 = x = | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | |
| - 3 = x = | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | |
| - 100 = / 50 (round up to a whole number) x = | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Other (e.g., late filing surcharge): 2252 Extension for response within second month | | | | | | 225.00 | |
| 2401 Notice of appeal | | | | | | 250.00 | |

| | | | |
|--|--|-----------------------------|--|
| SUBMITTED BY | | | |
| Signature  | Registration No. (Attorney/Agent) 56,784 | Telephone (703) 780-1676 | |
| Name (Print/Type) Caroline Swindell | Date November 15, 2006 | | |

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FAX TRANSMISSION

DATE: November 15, 2006

PTO IDENTIFIER: Application Number 09/714,997-Conf. #6701
Patent Number

Inventor: Robert C. Ross, Jr.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: VENABLE LLP

Caroline J. Swindell

PHONE: (703) 760-1676

Attorney Dkt. #: 36956-168147

PAGES (Including Cover Sheet): 18

CONTENTS:

Amendment (11 pages)
Amendment Transmittal (1 page)
Fee Transmittal Form SB/17 (1 page)
Petition for (a 2-mo.) Extension of Time (1 page)
Notice of Appeal (1 page)
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PATENT PROSECUTION RECEIPT OF FILING

136144

Venable Filing Number

Atty. Docket No: 36956-168147

Title of Application: SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR PROVIDING A MULTI-USER E-MAIL SYSTEM

Application No: 09/714,997

Patent No. :

Attorney/LAA: CJS:cja

PTO Due Date: September 15, 2008

Current Date: November 15, 2006

Filing Date: November 20, 2000

Issue Date:

The following items were received from Venable LLP, Washington, D.C.,
by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

- ☒ Amendment Transmittal Letter (1 page)
☒ Fee Transmittal Form SB/17 (1 page)
New U.S. Patent Application
(pages of specification/claims)
Rule 53(d) Continued Prosecution Application
Rule 53(b) Continuation or Divisional Application
(attach copy of specification, claims, drawings and declaration)
U.S. National Stage Application of PCT Application
Request for Continued Examination (RCE) under 37 CFR 1.114
Application Data Sheet
Substitute Specification
Priority Document-Cert. Copy of
Appin.#; Country; Date Filed:
Formal Drawings (sheets, Figs.)
Inventor Declaration
Assignment w/Cover Sheet
Response to Notice to File Missing Parts
Response to Notice to File Missing Requirements
Response to Requirement
Information Disclosure Statement with cited references
Response:
☒ x Amendment Preliminary Amendment
☒ x Petition/Request for Extension of Time (2- mo. ext.) (1 page)
Power of Attorney
Petition to Revive
Sequence Listing - CDR Enclosed? Yes No
Request for Non-Publication
Request to Rescind Non-Publication Request
☒ x Notice of Appeal (1 page)
Reply Brief (in triplicate) / Request for Oral Hearing
Confirmation of Hearing Petition
Issue Fee Transmittal
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Maintenance Fee Transmittal
Status Inquiry
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| | IDS Fee |
| 225.00 | Extension Fee |
| 250.00 | Notice of Appeal Fee |
| | Brief on Appeal |
| | Oral Hearing Request Fee |
| | Petition Fee |
| | Issue Fee |
| | Publication Fee |
| | Maintenance Fee |
| | Other Fees (Describe) |
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